

**Testimony of Ken Rosenquest, President of the
Connecticut Association of Ambulatory Surgery Centers
On SB 248, An Act Concerning Adverse Events at Hospitals and Outpatient
Surgical Centers
Before the Public Health Committee
March 1, 2010**

Good morning, Senator Harris, Representative Ritter and distinguished members of the Public Health Committee, I am Ken Rosenquest, President of the CAASC and an administrator at a hospital affiliated surgery center.

I am here today to speak to SB 248, An Act Concerning Adverse Events at Hospitals and Outpatient Surgical Centers.

As you know, medicine is not an exact science and unfortunately, sometimes there can be bad outcomes with medical procedures. In the vast majority of cases, these unfortunate results are caused not by medical mistakes but rather circumstances that are beyond the control of the physician and the facility. This is an important fact to consider when reviewing a bill like the one before you today.

The National Quality Forum's list of Serious Reportable Adverse Events, or "never events", and its current reporting mechanisms are good for patients and good for healthcare. At no time are any of these events acceptable. The reporting mechanisms currently in place are comprehensive and make the information publically available in a manner that permits full disclosure of the facts and circumstances of each event. The strength of this system is that it allows the healthcare community to disseminate all of the facts of each event in their entirety, to examine all of the circumstances that lead to the adverse event, and in a way that creates true qualitative improvements. The information outlets contemplated by this bill are potentially less thorough, less comprehensive, and thereby less fair to physicians attempting to practice medicine under often trying circumstances. The practice of "defensive medicine" is a leading driver of cost in our delivery system, a bill which penalizes providers by making adverse events public in a way that may not present all the facts helps fuel that problem.

But, there are things completely out of a provider's control that can lead to a bad outcome. Under this proposal, patients with complicated medical problems may find it increasingly difficult to find physicians and facilities willing to take care of them. Perforations and other complications are known risks but this bill penalizes those providers skilled at caring for these individuals by making public this kind of adverse event.

Already, there are specific things that must be done when an adverse event occurs, from reporting and documentation to extensive review by the Department of Public Health. (I am pleased to report that the experience within the outpatient surgical setting in this area has been very limited.) Root cause analysis and corrective action plans are already required by the Department of Public Health.

Second, every surgery center in the State of Connecticut and hospital, for that matter, must belong to a Patient Safety Organization approved by the Department of Public Health. These organizations look at best practices and review the policies and procedures within the surgical setting to educate facilities and staff on approved guidelines. Our General Assembly has already raised the bar in outpatient surgery by requiring facilities to be licensed, follow extensive regulations and maintain membership in a PSO. Isn't that where our focus should be and not penalizing facilities as outlined in this bill.

Histories and physicals are done in advance of surgical procedures, but sometimes things don't show up until a patient's body is subjected to the stress of a surgery. By passing this bill, you will force every provider to think three times about agreeing to do a procedure.

Every informed consent document includes the potential risks associated with a surgical procedure, and death, which is one possibility, is one that no provider wants to experience.

Our system is already in crisis; do we really want to penalize the very providers that do everything possible to save the lives of their patients? Do we really want physicians not to be able to perform needed surgeries because of the possibility of a bad outcome? This is the kind of system we are creating under SB 248.

I hope you will look at the processes already in place- and effectively implemented by the Department of Public Health-and oppose SB 248. Thank you for your consideration.